



2014 Clinical Quality Measures

On September 4, 2012, the Centers for Medicare and Medicaid Services (CMS), published the Stage 2 Meaningful Use (MU) Final Rule in the Federal Register that outlined the objectives and measures for the federally funded Electronic Health Record (EHR) Incentive Program—which allows eligible providers (EPs), eligible hospitals (EHs) and critical access hospitals (CAHs), to qualify for incentive payments when using certified EHR technology (CEHRT) to achieve objectives outlined by the CMS. This incentive program falls under the Health Information Technology for Economic and Clinical Health (HITECH) Act and provides the Department of Health & Human Services (HHS) to establish programs that improve healthcare quality and efficiency via the use and promotion of CEHRT. The HITECH Act, established under the 2009 American Recovery and Reinvestment Act (ARRA), has allowed hospitals and eligible providers to receive federal incentive payments to help offset the costs of implementing EHR systems with the intended goal of improving clinical outcomes on both a patient and population level.

Stage 2 expands upon the objectives of Stage 1 MU, and aligns with the three-part aim that the Office of the National Coordinator (ONC) emphasizes: better care, lower costs and improved overall health. While several of the objectives have remained from Stage 1, provisions have been made in Stage 2 that focuses on the expansion of EHR functions to engage patients and encourage the secure exchange of information with healthcare agencies. At the earliest, Stage 2 criteria will become effective in federal fiscal and calendar year 2014 for EHs, CAHs, and EPs (respectively), although some changes take place prior to the commencement of Stage 2. Most notably, the mandated electronic submission of clinical quality measures or eQCMs will begin in 2014¹, as well as the 2014 EHR CQM certification requirements². The CMS defines CQMs as tools that help measure and track the quality of healthcare services provided by clinicians within our healthcare system, while measuring many aspects of patient care to ensure the deliverance of effective, safe, efficient, patient-centered, equitable and timely care. Clinical quality measures are Hospitals and providers will have the option to implement CEHRT certified to the 2014 Edition for the 2013 EHR reporting period, if applicable. Although, the CQM reporting has been

¹ All Medicare-EPs beyond their first year of demonstrating MU must electronically report their CQM data to CMS, while Medicaid EPs and hospitals will submit via the state.

² Certification of EHR technologies requires that EHR software products and EHR modules be tested, as applicable, for their capabilities to accurately capture, calculate and report the CQM results. Cypress is the official ONC Certification Program tool for testing these capabilities.

removed as a core objective for both EPs, EHs and CAHs, all providers are required to report on CQMs in order to demonstrate MU. However, EHs, CAHs, and EPs must meet Stage 1 criteria for two years before beginning to meet and attest to the objectives in Stage 2.

Beginning in 2014, all hospitals, regardless of their stage must report on 16 out of a total 29 CQMs. Eligible Providers however, will only report on 9 CQMs, out of a total of 64. The CMS has outlined a total of 18 (9 each) recommended CQMs in the adult and pediatric populations with an emphasis on NQF 0018 (controlling high blood pressure) as it is a high priority goal in many national initiatives including the Million Hearts Campaign. These recommended EP CQMs are as follows:

Adult Recommended Core Measure

- Controlling High Blood Pressure
- Use of High-Risk Medications in the Elderly
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Use of Imaging Studies for Low Back Pain
- Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan
- Documentation of Current Medications in the Medical Record
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
- Closing the referral loop: receipt of specialist report

Pediatric Recommended Core Measures

- Appropriate Testing for Children with Pharyngitis
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- Chlamydia Screening for Women
- Use of Appropriate Medications for Asthma
- Childhood Immunization Status
- Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- Children who have dental decay or cavities

In addition, selected CQMs must cover three of the following six health care policy domains from the Department of Health and Human Services National Quality Strategy (NQS) for hospitals and providers alike, which will include:

- Patient and Family Engagement

- Patient Safety
- Care Coordination
- Population and Public Health
- Efficient Use of Health Care Resources
- Clinical Processes/Effectiveness

Eligible providers, EHs, and CAHs, in their first year of MU can continue to have the option of submitting CQMs via attestation beginning with CY/FFY 2014. However, those beyond their first year of MU are only required to demonstrate MU for a three-month EHR reporting period, only in 2014. Medicare providers can either report their CQMs for the entire year or select an optional three-month reporting period for CQMs that is identical to their three-month reporting period for MU. This three month period is fixed to the quarter of either the fiscal or calendar year for Medicare, in order to align with the Physician Quality Reporting System (PQRS) and the Hospital Inpatient Quality Reporting (IQR).

Additionally, EPs after their first year of MU will have two options for the data levels, aggregate (all payer) and patient (Medicare only). On the patient level, the EP must satisfy requirements of PQRS group reporting options using CEHRT, while on the aggregate level; EPs must submit 9 CQMs that cover 3 NQS domains. If an EP chooses to utilize the group reporting option (a provision in Stage 2), they must report on the Medicare only payers on the patient level. Those that are participating in Accountable Care Organizations must satisfy the requirements of the Medicare Shared Savings Program of Pioneer ACOs using CEHRT. Those reporting via the PQRS group must report using the PQRS group schema option. Similarly, hospitals beyond their first year of demonstrating MU will have the option to report on both the aggregate (all payer) and patient (sample-all payer) level. Medicaid EPs, EHs and CAHs will submit their CQM data directly to the state and the state is responsible for sharing the details on the process with its provider community.

In order to successfully report CQMs electronically for 2014, CMS is providing a set of electronic specifications for eCQMs for hospitals and providers to use in the EHR Incentive program for e-reporting. The e-specifications contain multiple parts which allow CEHRT to accurately capture, calculate, and report CQMs electronically in 2014. Each eCQM can be described in 3 different ways

- HTML
 - Human readable format used to understand how the elements are defined and the logic used to calculate the measure
- XML
 - Computer readable format enables the automated creation of queries against an EHR for quality reporting

- Value Sets
 - The specific codes used by developers to program the system to accurately capture patient data

The value sets for each measure are maintained by the National Library of Medicine (NLM) Value Set Authority Center (VSAC), in which one can access the value sets for each eCQM for the EHR Incentive program. The data elements catalog (DEC)³ is maintained by the NLM and available via the VASC website⁴. The standard vocabulary used for value sets are also available via the VASC website. Access to the VSAC requires a free Unified Medical Language System® Metathesaurus License through the NLM.

Utilizing the eCQMs will improve population health through the use of data analytics on both the state and national level, with the overall goal of enhancing patient-centered care, care coordination, and reducing healthcare costs. The 2014 certification and eCQM requirements for MU will leverage CMS funded programs while integrating public agencies, such as state Departments for Public Health. The overarching goal of capturing eCQMs is to analyze and interpret the information retrieved from structured data within EHRs, to ultimately improve health outcomes of the population by targeting problems, identifying clinical relationships and reducing disparities. This ONC initiative in clinical population management can have the potential to measure population health at a patient and aggregate level to improve the overall healthfulness of the general population.

³ The data elements catalog is the list of data elements the ONC specified in the EHR certification rule for use in e-clinical quality measures.

⁴ <https://vsac.nlm.nih.gov/>